

Fill in this information to identify the case:

Debtor name **Beds & Such, Inc.**

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) **16-06344**

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 4, 2017**

X /s/ Darby Hiott

Signature of individual signing on behalf of debtor

Darby Hiott

Printed name

President

Position or relationship to debtor

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Debtor name Beds & Such, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) 16-06344

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|---|--------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ 0.00 |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ 37,675.00 |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ 37,675.00 |

Part 2: Summary of Liabilities

| | |
|--|-----------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 82,607.15 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 364,525.52 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 679,062.13 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ 1,126,194.80 |

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United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) **16-06344**

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Palmetto Citizens**

Payroll

7728

\$0.00

3.2. **Palmetto Citizens**

Sales Tax

7731

\$0.00

3.3. **Wells Fargo. Debtor believes there may have been \$1,500 in this account at the time of filing**

Operating Account

0286

\$1,500.00

3.4. **Bank of America for Hiott Enterprisee**

Checking

4572

\$0.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,500.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Debtor **Beds & Such, Inc.** Case number (If known) **16-06344**
Name

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 0.00 - 0.00 = Unknown
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 0.00 - 0.00 = Unknown
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

| | General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|-------------------------------------|---|---|------------------------------------|
| 19. | Raw materials | | | | |
| 20. | Work in progress | | | | |
| 21. | Finished goods, including goods held for resale | | | | |
| 22. | Other inventory or supplies <i>inventory and business records are in possession of hte Trustee and without them the debtor is unsure the value or exact items</i> | <u>unknown</u> | <u>Unknown</u> | | <u>Unknown</u> |

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

Debtor **Beds & Such, Inc.** Case number (If known) **16-06344**
Name

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?
☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|--|---|------------------------------------|
| 39. | Office furniture <i>desk, upholstered chair, (2) credenzas with sliding doors, (5) desks, 2 swivel chairs, (3) chairs, bakers rack with 4 shelves, table & credenza with 2 drawers.</i> | | | |
| | <u>2265 Augusta Road</u> | <u>Unknown</u> | <u>Debtor's est.</u> | <u>\$1,970.00</u> |
| | <i>desk/credenza, work tables, desks</i> | | | |
| | <u>Located at warehouse</u> | <u>Unknown</u> | <u>Debtor's Est.</u> | <u>\$875.00</u> |
| 40. | Office fixtures | | | |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software <i>(3) tall trash cans, (4) small trash cans, (2) printers, (2) desktop computers, refrigerator, microwave, Keurig, water machine, (2) vacuums, Bissel sweeper, customer outdoor parking signs, (2) toilet brushes & (2) plungers with holders.</i> | | | |
| | <u>2265 Augusta Road</u> | <u>Unknown</u> | <u>Debtor's Est.</u> | <u>\$2,515.00</u> |
| | <i>trash cans, (2) printers, various cables, extension cords, etc., large refrigerator, (3) small refrigerators, brooms, (3) toilet brushes & 3 plungers</i> | | | |
| | <u>warehouse</u> | <u>Unknown</u> | <u>Debtor's Est.</u> | <u>\$1,325.00</u> |
| | <i>printer paper, post it notes, note paper, cleaning supplies and soaps, misc. paper</i> | <u>Unknown</u> | <u>Debtor's Est.</u> | <u>\$970.00</u> |

Debtor **Beds & Such, Inc.** Case number (If known) **16-06344**
Name

products/supplies, pens, printer ink cartridges

2265 Augusta Road

printer paper, post its, note paper, cleaning supplies and soaps, paper products & supplies, pens, printer ink cartridges.

| | | | |
|------------------|----------------|----------------------|-----------------|
| Warehouse | Unknown | Debtor's Est. | \$520.00 |
|------------------|----------------|----------------------|-----------------|

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$8,175.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2014 Chevrolet Express G350 Delivery box truck; VIN# 1GB3G3CG0E1197700; 39,000 miles; good condition. Debtor obtained a verbal quote from dealer valuing property at \$15,000.**

| | | |
|----------------|---------------------|--------------------|
| Unknown | verbal quote | \$15,000.00 |
|----------------|---------------------|--------------------|

47.2. **2012 Chevrolet Express 3500 delivery box truck, VIN# 1GB3G3BG7C1147777, 70,000 miles, good condition. Debtor obtained a verbal quote from a dealer valuing property at \$13,000**

| | | |
|----------------|---------------------|--------------------|
| Unknown | verbal quote | \$13,000.00 |
|----------------|---------------------|--------------------|

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor **Beds & Such, Inc.**
Name

Case number (If known) **16-06344**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$28,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

***Auto Insurance through the Hartford Insurance
Company policy no. 22UECNI7044***

\$0.00

***Workers Compensation Insurance through the Hartford.
Policy no. 22WECCT9278***

\$0.00

***Workers Compensation Insurance through the Hartford.
Policy no. 22WECCT9278***

\$0.00

***Business Owners Insurance through Travelers
Insurance. Policy no. 680-000J440978A***

\$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Debtor **Beds & Such, Inc.**
Name

Case number (If known) **16-06344**

Potential claim against Baldacci Promotions

Unknown

Nature of claim

Amount requested

\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Beds & Such, Inc.** Case number (If known) **16-06344**
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | <u>\$1,500.00</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | <u>\$0.00</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | <u>\$0.00</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | <u>\$0.00</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | <u>\$0.00</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | <u>\$8,175.00</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | <u>\$28,000.00</u> | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | <u>\$0.00</u> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | <u>\$0.00</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + <u>\$0.00</u> | |
| 91. Total. Add lines 80 through 90 for each column | <u>\$37,675.00</u> | + 91b. <u>\$0.00</u> |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | <u>\$37,675.00</u> |

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Debtor name **Beds & Such, Inc.**

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) **16-06344**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|-----|---|--|--|---------------------------|
| 2.1 | <i>Ally</i> Creditor's Name <i>Payment Processing Center</i> <i>P.O. Box 9001951</i> <i>Louisville, KY 40290-1951</i> Creditor's mailing address Creditor's email address, if known Date debt was incurred <i>12/13/2012</i> Last 4 digits of account number <i>7570</i> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien <i>2012 Chevrolet Express 3500 delivery box truck, VIN# 1GB3G3BG7C1147777, 70,000 miles, good condition. Debtor obtained a verbal quote from a dealer valuing property at \$13,000</i> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <i>\$11,854.68</i> | <i>\$13,000.00</i> |

| | | | | |
|-----|---|---|----------------------|----------------------|
| 2.2 | <i>Baldacci Promotions</i> Creditor's Name <i>11623 New Bond Street</i> <i>Fredericksburg, VA 22408</i> Creditor's mailing address Creditor's email address, if known Date debt was incurred <i>4/23/16</i> Last 4 digits of account number Do multiple creditors have an interest in the same property? | Describe debtor's property that is subject to a lien <i>all inventory & cash collateral</i> Describe the lien <i>UCC1</i> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply | <i>\$0.00</i> | <i>\$0.00</i> |
|-----|---|---|----------------------|----------------------|

Debtor **Beds & Such, Inc.** Case number (if know) **16-06344**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 CAN Capital Asset Servicing

Creditor's Name

**2015 Vaughn Road NW,
Bldg. 500
Kennesaw, GA 30144**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/24/12

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
all assets

\$41,193.86

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Wells Fargo Dealer Services

Creditor's Name

**PO. Box 17900
Denver, CO 80217-0900**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

09/11/2014

Last 4 digits of account number

1449

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2014 Chevrolet Express G350 Delivery box truck; VIN# 1GB3G3CG0E1197700; 39,000 miles; good condition. Debtor obtained a verbal quote from dealer valuing property at \$15,000.

\$29,558.61

\$15,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$82,607.15

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

Debtor **Beds & Such, Inc.** Case number (if know) **16-06344**
Name

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

APZB Industries
300 Ledgewod Place, Ste. 301
Rockland, MA 02370

Line **2.3**

Fill in this information to identify the case:

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United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) **16-06344**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | Total claim | Priority amount | |
|-----|--|---|-------------------|-------------------|
| 2.1 | <p>Priority creditor's name and mailing address</p> <p>Addie Moultrie 420 Tufton Ct Cayce, SC 29033</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>deposit, customer still owed</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | \$1,496.93 | \$1,496.93 |
| 2.2 | <p>Priority creditor's name and mailing address</p> <p>Aleksandra Endsley 1300 Lafayette Ave Cayce, SC 29033</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (1)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>customer still owed/deposit</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | \$240.75 | \$240.75 |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | | |
|---|---|--|-----------------|-----------------|
| 2.3 | Priority creditor's name and mailing address Alisa Wolfram 110 S. Saluda Columbia, SC 29205 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$374.50 | \$374.50 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.4 | Priority creditor's name and mailing address Amanda Vanadore 1417 Franklin St. West Columbia, SC 29201 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$854.93 | \$854.93 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.5 | Priority creditor's name and mailing address Amy Robinson 109 Trey Ct West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,563.72 | \$2,563.72 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|-----------------|
| 2.6 | Priority creditor's name and mailing address Anne Wilson 128 Cloud Pt Leesville, SC 29070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$962.00 | \$962.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|-----|--|--|--------------------------|--------------------------|
| 2.7 | Priority creditor's name and mailing address Annette Palmer 107 Coronado Rd. West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$1,149.18</u> | <u>\$1,149.18</u> |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|--|------------------------|------------------------|
| 2.8 | Priority creditor's name and mailing address Anthonie Dereef 1212 Meetze Rd Apt 5-D Columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$619.52</u> | <u>\$619.52</u> |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|--|------------------------|------------------------|
| 2.9 | Priority creditor's name and mailing address Anthonie Dereef 1212 Meetze Rd Apt 5-D Columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$619.93</u> | <u>\$619.93</u> |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|------------------------|------------------------|
| 2.10 | Priority creditor's name and mailing address Anthony Briseno 1460 Oakcrest Dr Apt 1520 Columbia, SC 29223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$963.00</u> | <u>\$963.00</u> |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|---|--|--|--------|--------|
| 2.11 | Priority creditor's name and mailing address Anthony Christiano 307 Charwood Ln. West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1.00 | \$1.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|----------|----------|
| 2.12 | Priority creditor's name and mailing address Arsenio Perez 3118 Dudley Rd #137 West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$300.00 | \$300.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|------------|------------|
| 2.13 | Priority creditor's name and mailing address Ashley Anderson 114 Ballentine Crossing Building 12 Irmo, SC 29063 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,700.00 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|------------|------------|
| 2.14 | Priority creditor's name and mailing address Austin Reed customer will notify, moving? Greenville, SC 11111 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,959.45 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|------|--|--|-------------------|-------------------|
| 2.15 | Priority creditor's name and mailing address Axa Carnes 872 Pine Forest Trail Columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,781.26 | \$1,781.26 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-------------------|-------------------|
| 2.16 | Priority creditor's name and mailing address Barbara Daurora 1000 Windsor Shores Dr Columbia, SC 29223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,150.25 | \$1,150.25 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-------------------|-------------------|
| 2.17 | Priority creditor's name and mailing address Barbara Frawley 132 Wood Dale Drive Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,545.08 | \$1,545.08 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.18 | Priority creditor's name and mailing address Barbara Frawley 132 Wood Dale Dr Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,000.00 | \$2,000.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|------|--|--|-----------------|-----------------|
| 2.19 | Priority creditor's name and mailing address Becky Rucker 363 Calvary Church Rd. Swansea, SC 29160 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$725.46 | \$725.46 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.20 | Priority creditor's name and mailing address Behzad Torkian 148 Spillway Blvd Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,000.00 | \$2,850.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.21 | Priority creditor's name and mailing address Besty Mccullough 2800 Celtic Rd Columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,015.00 | \$1,015.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-------------------|-------------------|
| 2.22 | Priority creditor's name and mailing address Beverly Manigo 113 Brickingham Way Columbia, SC 29229 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,350.00 | \$2,350.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|---|---|--|--------------------------|--------------------------|
| 2.23 | Priority creditor's name and mailing address Bill Wilson 111 Clouds Point Leesville, SC 29070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$1,271.16</u> | <u>\$1,271.16</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|------------------------|------------------------|
| 2.24 | Priority creditor's name and mailing address Bob Hall 218 Kayden Ct Chapin, SC 29036 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$509.32</u> | <u>\$509.32</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|------------------------|------------------------|
| 2.25 | Priority creditor's name and mailing address Bonnie Huff 2325 Hite Street west columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$426.93</u> | <u>\$426.93</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|--------------------------|--------------------------|
| 2.26 | Priority creditor's name and mailing address Britney Kelly 201 Indigo Hill Dr Chapin, SC 29036 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$1,650.00</u> | <u>\$1,650.00</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|------|--|--|--------------------------|--------------------------|
| 2.27 | Priority creditor's name and mailing address Bryan Shuman 144 Crassula Dr Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$3,000.00</u> | <u>\$2,850.00</u> |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|--------------------------|--------------------------|
| 2.28 | Priority creditor's name and mailing address Casey Chepko 535 Depot St Columbia, SC 29201 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$2,378.61</u> | <u>\$2,378.61</u> |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|--------------------------|--------------------------|
| 2.29 | Priority creditor's name and mailing address Christine Ballard 109 Long Vista Ct. Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$1,458.41</u> | <u>\$1,458.41</u> |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|------------------------|------------------------|
| 2.30 | Priority creditor's name and mailing address Christopher Lagasse 550 Neeses Hwy Nesses, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$150.00</u> | <u>\$150.00</u> |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|--|--|---|-------------------|-------------------|
| 2.31 | Priority creditor's name and mailing address Cinthya Ramirez 3358 Princeton Rd. Gaston, SC 29053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,065.00 | \$2,065.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit. Debtor unsure if customer is still owed | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--|--|--|-------------------|-------------------|
| 2.32 | Priority creditor's name and mailing address Clarence Gladden 102 White Sands Lane Swansea, SC 29160 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,352.92 | \$2,352.92 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--|--|--|-------------------|-------------------|
| 2.33 | Priority creditor's name and mailing address Cory McDaniel 600 Colonial Dr West Columbia, SC 29172 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,000.00 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--|--|--|-----------------|---------------|
| 2.34 | Priority creditor's name and mailing address County of Lexington, South Carolina Lexington County Treasurer's Office PO Box 3000 Lexington, SC 29071 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$194.89 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: property tax | | |
| Last 4 digits of account number 5101 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|------|--|--|-----------------|---------------|
| 2.35 | Priority creditor's name and mailing address County of Lexington, South Carolina Lexington County Treasurer's Office PO Box 3000 Lexington, SC 29071 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$939.18 | \$0.00 |
| | Date or dates debt was incurred Last 4 digits of account number 0001 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim: Vehicle Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.36 | Priority creditor's name and mailing address Cynthia Goodwin 207 St. Patrick Rd Columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,851.00 | \$2,850.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.37 | Priority creditor's name and mailing address Cynthia Hardy 301 Lost Creek Dr Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,635.00 | \$1,635.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.38 | Priority creditor's name and mailing address Dan Livingston 810 Poinsettia Street Columbia, SC 29205 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,275.00 | \$2,850.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|---|---|--|-------------------|-------------------|
| 2.39 | Priority creditor's name and mailing address David Cox 722 Fontanna Ave West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,526.89 | \$1,526.89 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.40 | Priority creditor's name and mailing address David Huddleston 438 Winding Way Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,133.13 | \$1,133.13 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|-----------------|
| 2.41 | Priority creditor's name and mailing address David Jenkins 14 Pond Oak Ct. Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$937.93 | \$937.93 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.42 | Priority creditor's name and mailing address Dawn Beard 301 Braewick Rd Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,200.01 | \$2,200.01 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|---|--|--|-----------------|-----------------|
| 2.43 | Priority creditor's name and mailing address Deidre Watts 1217 Hulon Cir West Columiba, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$400.00</u> | <u>\$400.00</u> |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.44 | Priority creditor's name and mailing address Diane Feaster 409 Williams Circle West columbia, SC 29172 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$400.00</u> | <u>\$400.00</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.45 | Priority creditor's name and mailing address Donal Schmotzer 4115 Barbara Dr West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$2,495.25</u> | <u>\$2,495.25</u> |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|-----------------|
| 2.46 | Priority creditor's name and mailing address Ed Hammond | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$500.00</u> | <u>\$500.00</u> |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|------|--|--|-----------------|-----------------|
| 2.47 | Priority creditor's name and mailing address Elizabeth Hall 7411 Edgewater Rd Columbia, SC 29223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$543.56 | \$543.56 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-------------------|-------------------|
| 2.48 | Priority creditor's name and mailing address Elizabeth Sherman 8162 Charleston Augusta Rd. Bamberg, SC 29003 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,581.46 | \$1,581.46 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-------------------|-------------------|
| 2.49 | Priority creditor's name and mailing address Emory Delawrence 1830 St Micheals Rd columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,630.00 | \$1,630.00 |
| | Date or dates debt was incurred | Basis for the claim: payroll still owed | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-------------------|-------------------|
| 2.50 | Priority creditor's name and mailing address Erin Carson 526 Meadow Grass Lane Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,500.00 | \$2,850.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|------|---|--|-----------------|-----------------|
| 2.51 | Priority creditor's name and mailing address Eva Smith 248 Cornel Smith Gilbert, SC 29054 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$746.86 | \$746.86 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-----------------|-----------------|
| 2.52 | Priority creditor's name and mailing address Frank Baker 333 Fire Bridge Dr Chapin, SC 29036 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$860.00 | \$860.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.53 | Priority creditor's name and mailing address Frederick Bryant 212 Sorrel Tree Ln. Elgin, SC 29045 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,635.86 | \$2,850.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-----------------|-----------------|
| 2.54 | Priority creditor's name and mailing address Furuveli Venkata 203 Heights Ave Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$700.00 | \$700.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|---|---|--|--------------------------|--------------------------|
| 2.55 | Priority creditor's name and mailing address Gail Gazey 1209 Forrest Shealy Rd Chapin, SC 29036 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$1,701.30</u> | <u>\$1,701.30</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|--------------------------|--------------------------|
| 2.56 | Priority creditor's name and mailing address Genita Burroughs 828 Ashley St Columbia, SC 29203 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$2,000.00</u> | <u>\$2,000.00</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|------------------------|------------------------|
| 2.57 | Priority creditor's name and mailing address Greg Joye 1343 Hummingbird Dr West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$619.53</u> | <u>\$619.53</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|------------------------|------------------------|
| 2.58 | Priority creditor's name and mailing address Guadalupe Ortiz 7917 Skylark Dr Columbia, SC 29209 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$194.00</u> | <u>\$194.00</u> |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|------|---|--|-------------------|-------------------|
| 2.59 | Priority creditor's name and mailing address Henrietta Gadson 9 Keystone Court Hopkins, SC 29061 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,635.86 | \$2,850.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.60 | Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim: notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.61 | Priority creditor's name and mailing address J. Mike McLaughlin 115 Heatherstone Rd. Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,228.65 | \$1,228.65 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.62 | Priority creditor's name and mailing address Jacob Bell 362 River Club Rd Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,000.00 | \$2,000.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|------|---|--|-----------------|-----------------|
| 2.63 | Priority creditor's name and mailing address James Carter 1028 Wampee Dr Blythewood, SC 29016 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$350.00 | \$350.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-----------------|-----------------|
| 2.64 | Priority creditor's name and mailing address James Enochs 133 Dunaway Ct Columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$700.00 | \$700.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-----------------|-----------------|
| 2.65 | Priority creditor's name and mailing address James Hayes 1021 Harbison Station Circle Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$401.25 | \$401.25 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.66 | Priority creditor's name and mailing address James Hill 1129 Glenoaks Rd Columbia, SC 29172 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,200.00 | \$2,200.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|------|--|--|-------------------|-------------------|
| 2.67 | Priority creditor's name and mailing address James McGee 344 Montrose Dr Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,287.00 | \$1,287.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-------------------|-------------------|
| 2.68 | Priority creditor's name and mailing address James McMenemy 2505 Sulton St. Columbia, SC 29201 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,499.97 | \$2,850.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.69 | Priority creditor's name and mailing address Jamie Ortiz 77 Tathom Rd. Eastover, SC 29044 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,488.95 | \$2,488.95 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-----------------|-----------------|
| 2.70 | Priority creditor's name and mailing address Jane Bennett 1 Hialeah Dr Irmo, SC 29063 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$750.01 | \$750.01 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|------|--|--|-------------------|-------------------|
| 2.71 | Priority creditor's name and mailing address Jeff Bujak 113 Chelton Ct. Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,250.00 | \$1,250.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-----------------|-----------------|
| 2.72 | Priority creditor's name and mailing address Jeremiah Spring 149 Rutherford Rd. Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$620.00 | \$620.00 |
| | Date or dates debt was incurred | Basis for the claim: customer still owed | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.73 | Priority creditor's name and mailing address Jeremy Kelly | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: unfulfilled order | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-------------------|-------------------|
| 2.74 | Priority creditor's name and mailing address John D. Thompson 1375 Westshore Ridgeway, SC 29130 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,443.43 | \$1,443.43 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|---|---|--|-------------------|-------------------|
| 2.75 | Priority creditor's name and mailing address John Fickle 562 Newton Rd Irmo, SC 29063 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,602.00 | \$1,602.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.76 | Priority creditor's name and mailing address Jonathan Meade 1002 Sightler Dr West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$640.93 | \$640.93 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.77 | Priority creditor's name and mailing address Jonathan Roguemore 167 Carriage Hill Dr Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$5,545.00 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.78 | Priority creditor's name and mailing address Joseph Singleton 458 S South Pickins St West Columbia, SC 29172 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$580.00 | \$580.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|---|---|--|-------------------|-------------------|
| 2.79 | Priority creditor's name and mailing address Joshua Mitchell 312 SpringCreek Ct West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,177.00 | \$1,177.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.80 | Priority creditor's name and mailing address Judy Nichols 310 Heatherstone Rd Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,070.00 | \$1,070.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit / Debtor's records show only \$1,070 is owed, not the \$1,077 claimed. | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.81 | Priority creditor's name and mailing address Julian Lewis 1220 Meredith Dr columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,982.00 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.82 | Priority creditor's name and mailing address Karen Davis 8047 Burdell Dr Columbia, SC 29209 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,352.93 | \$2,352.93 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|--|--|--|-----------------|-----------------|
| 2.83 | Priority creditor's name and mailing address Kevin Gibson 9120 Lockhart Hwy sharon, SC 29742 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$899.00 | \$899.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--|---|--|-------------------|-------------------|
| 2.84 | Priority creditor's name and mailing address Kimberly Hare 142 Greenbank Dr Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,000.00 | \$2,000.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-------------------|-------------------|
| 2.85 | Priority creditor's name and mailing address Kimberly Jumper 146 Gadners Farm Rd Swansea, SC 29160 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$7,650.00 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--|---|--|-------------------|-------------------|
| 2.86 | Priority creditor's name and mailing address Kimberly Sussewell 128 Oxford Commons Way Columbia, SC 29209 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,529.92 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|------|--|--|-----------------|-----------------|
| 2.87 | Priority creditor's name and mailing address Kristi Sperry 105 Chelton Ct Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$533.95 | \$533.95 |
|------|--|--|-----------------|-----------------|

| | |
|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

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|------|--|--|-------------------|-------------------|
| 2.88 | Priority creditor's name and mailing address LaQuenta Weldon 135 Leeward Loop Columbia, SC 29209 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,051.19 | \$2,051.19 |
|------|--|--|-------------------|-------------------|

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|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

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|------|---|--|-------------------|-------------------|
| 2.89 | Priority creditor's name and mailing address Larry Kyzer 1470 Myrtle Rd West Columbia, SC 29172 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,700.00 | \$1,700.00 |
|------|---|--|-------------------|-------------------|

| | |
|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

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|------|--|--|-----------------|-----------------|
| 2.90 | Priority creditor's name and mailing address Latonya Cox 8100 Garners Ferry Rd. Apt ? Columbia, SC 29209 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$864.96 | \$864.96 |
|------|--|--|-----------------|-----------------|

| | |
|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|------|---|--|-----------------|-----------------|
| 2.91 | Priority creditor's name and mailing address Linda Kirkland 632 Torwood Dr Columbia, SC 29203 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$450.00 | \$450.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-----------------|-----------------|
| 2.92 | Priority creditor's name and mailing address Linda McGrady 148 Dickert Dr Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$600.00 | \$600.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|-----------------|-----------------|
| 2.93 | Priority creditor's name and mailing address Linda Temples 214 Holly Ridge Ln. West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$588.50 | \$588.50 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|-----------------|-----------------|
| 2.94 | Priority creditor's name and mailing address Lisa Blume 405 Lake Vista Columbia, SC 29229 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$350.00 | \$350.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|---|---|--|-------------------|-------------------|
| 2.95 | Priority creditor's name and mailing address Luanne Burton 1070 Padgett Pond Rd Monetta, SC 29105 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,351.86 | \$2,351.86 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.96 | Priority creditor's name and mailing address Lucy Wright 103 Heatherton Ct. W. Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,295.77 | \$1,295.77 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|-----------------|
| 2.97 | Priority creditor's name and mailing address Mandy Lee 241 Founder Blvd Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$597.67 | \$597.67 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.98 | Priority creditor's name and mailing address Margaret Young 1174 Valley Ridge Rd. Gaston, SC 29053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,887.93 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|---|--|---|
| 2.99 | Priority creditor's name and mailing address Mathew Downey 512 Thyme Rd Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$1,850.00</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$1,850.00</div> |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | |
| | Last 4 digits of account number | Is the claim subject to offset? | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|-------|---|--|---|
| 2.100 | Priority creditor's name and mailing address Megan Hardy 104 Penny Lane Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$989.00</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$989.00</div> |
| | Date or dates debt was incurred | Basis for the claim: deposit | |
| | Last 4 digits of account number | Is the claim subject to offset? | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|-------|---|--|---|
| 2.101 | Priority creditor's name and mailing address Megan Shull 110 L Ave. West Columbia, SC 29172 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$668.65</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$668.65</div> |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | |
| | Last 4 digits of account number | Is the claim subject to offset? | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|-------|--|--|--|
| 2.102 | Priority creditor's name and mailing address Michelle Greer 166 Happy Town Rd Gaston, SC 29053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$11,700.00</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$2,850.00</div> |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | |
| | Last 4 digits of account number | Is the claim subject to offset? | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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| 2.103 | Priority creditor's name and mailing address Michelle Kiedrowski 304 Summersweet Ct Blythwood, SC 29016 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,659.57 \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|---|---|--|-------------------------------------|
| 2.104 | Priority creditor's name and mailing address Murray Coleman 8004 Exeter Ln Columbia, SC 29223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,600.00 \$1,600.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|---|--|--|-------------------------------------|
| 2.105 | Priority creditor's name and mailing address Nancy Meares 116 Heartwood Dr Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,385.93 \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|---|---|--|-------------------------------------|
| 2.106 | Priority creditor's name and mailing address Nathaniel Sutton 732 Charlie Rast Rd Swansea, SC 29160 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,991.55 \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|-------|--|--|-------------------|-------------------|
| 2.107 | Priority creditor's name and mailing address Noelle Brault 2305 Park St Columbia, SC 29201 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,922.00 | \$2,850.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|--|--|-----------------|-----------------|
| 2.108 | Priority creditor's name and mailing address Pamela Bates 5 Peyton Rd Columbia, SC 29209 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$150.00 | \$150.00 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|--|--|-----------------|-----------------|
| 2.109 | Priority creditor's name and mailing address Pamela Terry 428 Emmanuel Creek Dr. West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$801.43 | \$801.43 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-----------------|-----------------|
| 2.110 | Priority creditor's name and mailing address Pansy Wright 2936 Oakwood Dr west Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$961.28 | \$961.28 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

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|-------|--|--|-----------------|-----------------|
| 2.111 | Priority creditor's name and mailing address Pat Decker 1420 Cardinal Dr West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$426.93 | \$426.93 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-------------------|-------------------|
| 2.112 | Priority creditor's name and mailing address Pat Watson 615 Elm Avenue columbia, SC 29205 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,500.00 | \$2,850.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|--|--|-------------------|-------------------|
| 2.113 | Priority creditor's name and mailing address Patrick Swearingen 1008 Osage Ave West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,673.93 | \$2,673.93 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-----------------|-----------------|
| 2.114 | Priority creditor's name and mailing address Peter Lauzon 1906 Ann St West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$423.72 | \$423.72 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.115 | Priority creditor's name and mailing address Rachael Genova 302 Merchants Dr Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,581.46 | \$1,581.46 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-----------------|-----------------|
| 2.116 | Priority creditor's name and mailing address Rachel Benn 400 W. Ashford Way Irmos, SC 29063 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$802.50 | \$802.50 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-------------------|-------------------|
| 2.117 | Priority creditor's name and mailing address Rachel Mahoney 1302 Abberly Village Circle West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,474.46 | \$1,474.46 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.118 | Priority creditor's name and mailing address Randy Heddy 502 Laurel Mist Ct West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,400.00 | \$1,400.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|---|--|--|-------------------|-------------------|
| 2.119 | Priority creditor's name and mailing address Rebecca Lassiter 310 Lookout Hill Dr Chapin, SC 29036 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,923.86 | \$1,923.86 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.120 | Priority creditor's name and mailing address Renate Bruce 117 Pine Ridge Dr. West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,245.93 | \$2,245.93 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|-----------------|
| 2.121 | Priority creditor's name and mailing address Ricardo Garay 101 Topaz Ct. Lot 4 Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$400.00 | \$400.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|-----------------|
| 2.122 | Priority creditor's name and mailing address Richard Jeffcoat 1140 Old Charleston Rd. Pelion, SC 29123 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$640.93 | \$640.93 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|---|---|--|-----------------|-----------------|
| 2.123 | Priority creditor's name and mailing address Ricky Jones 549 Ridge Rd Leesville, SC 29070 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$450.00 | \$450.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-----------------|-----------------|
| 2.124 | Priority creditor's name and mailing address Rita Whitfield 1724 Holly Hill Rd West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$400.00 | \$400.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.125 | Priority creditor's name and mailing address Robin Taylor 273 Merrimont Drive Blythewood, SC 29016 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$620.60 | \$620.60 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|--|--|-------------------|-------------------|
| 2.126 | Priority creditor's name and mailing address Robin Taylor 237 Merimont Dr Blythewood, SC 29016 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,823.77 | \$2,823.77 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|---|--|--|-----------------|-----------------|
| 2.127 | Priority creditor's name and mailing address Robin Taylor 273 Merrimont Dr Blythwood, SC 29016 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$372.36 | \$372.36 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|---|---|--|-------------------|-------------------|
| 2.128 | Priority creditor's name and mailing address Robina Hayes 1021 Harbison Station Circle columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,888.55 | \$1,888.55 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.129 | Priority creditor's name and mailing address Rodney Stevens 517 Palmetto Creek Ct Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,406.43 | \$2,406.43 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.130 | Priority creditor's name and mailing address Rosie Escalante 248 Magnolia Tree Rd. Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$534.46 | \$534.46 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|-------|--|--|-------------------|-------------------|
| 2.131 | Priority creditor's name and mailing address Ryan Gibson 465 Henslowe Lane West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,350.00 | \$3,350.00 |
| | Date or dates debt was incurred | Basis for the claim: Payroll Still Owed | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|---|--|-----------------|-----------------|
| 2.132 | Priority creditor's name and mailing address Samantha Montgomery 7040 Nursrey Rd Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$342.20 | \$342.20 |
| | Date or dates debt was incurred | Basis for the claim: deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-------|--|--|-------------------|-------------------|
| 2.133 | Priority creditor's name and mailing address Sarah Burton 516 Spanish Leaf Ln. West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,828.63 | \$1,828.63 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-----------------|-----------------|
| 2.134 | Priority creditor's name and mailing address Sarah Burton 516 Spanish Leaf Ln West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$459.03 | \$459.03 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|--|--|--|-----------------|---------------|
| 2.135 | Priority creditor's name and mailing address SC Dept Employment And Workforce P.O Box 995 Columbia, SC 29202 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$898.39 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number 3877 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|---|--|--------------------|--------------------|
| 2.136 | Priority creditor's name and mailing address SC Dept of Revenue PO Box 125 Columbia, SC 29214 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$83,863.82 | \$83,863.82 |
| Date or dates debt was incurred | | Basis for the claim: sales tax | | |
| Last 4 digits of account number 2437 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-----------------|-----------------|
| 2.137 | Priority creditor's name and mailing address Scott Hinkle 612 Devine St columbia, SC 29201 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$642.00 | \$642.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--|--|--|-------------------|-------------------|
| 2.138 | Priority creditor's name and mailing address Scott Westmoreland 206 Spring Mist Dr Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,000.00 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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| 2.139 | Priority creditor's name and mailing address Shellie Sharpe 5336 Hwy 321 Gaston, SC 29053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$800.00 \$800.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|--|--|--------------------------|
| 2.140 | Priority creditor's name and mailing address Shelly Genova 420 Shallow Brook Dr. Columbia, SC 29223 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,272.68 \$2,272.68 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|-------|--|--|--------------------------|
| 2.141 | Priority creditor's name and mailing address Silkie McClary | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,500.00 \$1,500.00 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|-------|--|--|----------------------|
| 2.142 | Priority creditor's name and mailing address Sonja Bradford 711 Cornhill Rd columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$533.93 \$533.93 |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | Basis for the claim: customer owed / deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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| 2.143 | Priority creditor's name and mailing address Stephanie Richburg 415 Plum Thicket Ln Lugoff, SC 29078 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$619.53 | \$619.53 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.144 | Priority creditor's name and mailing address Stephanie Thompson 341 Old Wood Dr. Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,599.00 | \$1,599.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.145 | Priority creditor's name and mailing address Susan & Donald Stevens 156 Whaley Lane columbia, SC 29229 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,451.82 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.146 | Priority creditor's name and mailing address Susan Bennett 115 Cove Ct columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,010.37 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|---|---|--|-------------------|-------------------|
| 2.147 | Priority creditor's name and mailing address Suzette Stephens 1051 Old Barnwell Rd. West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,900.00 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.148 | Priority creditor's name and mailing address Syron Wrigthen 106 Stockport Rd Columbia, SC 29229 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,700.00 | \$1,700.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.149 | Priority creditor's name and mailing address Tamira Harwell 1011 Westhaven Dr. West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,605.90 | \$2,850.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.150 | Priority creditor's name and mailing address Tammy Cooper 312 Crosscreek Ct Columbia, SC 29212 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$294.00 | \$294.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|-------|--|--|-------------------|-------------------|
| 2.151 | Priority creditor's name and mailing address Tanya Joseph 310 Conner Park Lane West Columbia, SC 29170 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,096.13 | \$2,096.13 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-------------------|-------------------|
| 2.152 | Priority creditor's name and mailing address Tarik Thomas 471 Links Crossing Dr Blythwood, SC 29106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,243.95 | \$2,243.95 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|--|--|-------------------|-------------------|
| 2.153 | Priority creditor's name and mailing address Ted Shrum 108 Saxons Ferry Dr Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,100.00 | \$1,100.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-------------------|-------------------|
| 2.154 | Priority creditor's name and mailing address Terrance Ford 116 Fort Dr Simpsonville, SC 29681 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,247.00 | \$2,247.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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| | | | | |
|---|---|--|-----------------|-----------------|
| 2.155 | Priority creditor's name and mailing address Thelma Oliver 149 Holland St North, SC 29112 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200.00 | \$200.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.156 | Priority creditor's name and mailing address Thomas Morgan 1132 Lamp Lighter Rd Columbia, SC 29036 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,000.00 | \$1,000.00 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.157 | Priority creditor's name and mailing address Todd Vick 340 Carterhill Dr West Columbia, SC 29172 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,619.00 | \$1,619.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.158 | Priority creditor's name and mailing address Toya Labrador 108 Amber Chase Dr. Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,324.04 | \$2,324.04 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | | |
|---|---|--|-------------------|-------------------|
| 2.159 | Priority creditor's name and mailing address Tracey Cooper 157 Pear Court Lexington, SC 29073 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,400.00 | \$1,400.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-----------------|-----------------|
| 2.160 | Priority creditor's name and mailing address Travis Tate Woodcrest Ln Gaston, SC 29053 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$981.00 | \$981.00 |
| Date or dates debt was incurred | | Basis for the claim: payroll | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.161 | Priority creditor's name and mailing address Trumaine Sanders 402 Nautique Circle Columbia, SC 29229 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,100.00 | \$1,100.00 |
| Date or dates debt was incurred | | Basis for the claim: customer owed / deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|-------------------|-------------------|
| 2.162 | Priority creditor's name and mailing address Tyler King 1137 Fort Congaree Trail Cayce, SC 29033 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,066.76 | \$1,066.76 |
| Date or dates debt was incurred | | Basis for the claim: deposit | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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|-------|---|--|-------------------|-------------------|
| 2.163 | Priority creditor's name and mailing address Vasco R. McDonald 2832 Elm St. Cayce, SC 29033 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,700.00 | \$2,850.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-------------------|-------------------|
| 2.164 | Priority creditor's name and mailing address Wanda Jacobs 104 Stuart Ln Lexington, SC 29072 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,425.72 | \$1,425.72 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|---|--|-------------------|-------------------|
| 2.165 | Priority creditor's name and mailing address Wayne Blackwood 4230 Leeds St Columbia, SC 29210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,247.00 | \$2,247.00 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit (Creditor was refunded pre-petition however creditor did not attempt to cash check until post-petition) | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-------|--|--|-------------------|-------------------|
| 2.166 | Priority creditor's name and mailing address Willie Saleeby 5312 Exum Dr West Columbia, SC 29169 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,443.43 | \$1,443.43 |
| | Date or dates debt was incurred | Basis for the claim: customer owed / deposit | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| | | | |
|--------|---|------------------------|------------------------|
| Debtor | <u>Beds & Such, Inc.</u> Name | Case number (if known) | <u>16-06344</u> |
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|-----|---|--|--------------------------|
| 3.1 | Nonpriority creditor's name and mailing address Allwaste Services PO Box 1077 Lexington, SC 29071 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>9588</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dumpster</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$330.00</u> |
| | | | |
| 3.2 | Nonpriority creditor's name and mailing address Angie's List 9019 E. 17th Elm Street Indianapolis, IN 46229 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| | | | |
| 3.3 | Nonpriority creditor's name and mailing address Bank of America PO Box 25118 Tampa, FL 33622-5118 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| | | | |
| 3.4 | Nonpriority creditor's name and mailing address Brooks Furniture Mfg., Inc. c/o Cable B. Poag, Esq. PO Box 6422 West Columbia, SC 29171 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,778.00</u> |
| | | | |
| 3.5 | Nonpriority creditor's name and mailing address Capital One P.O. Box 71083 charlotte, NC 28272 Date(s) debt was incurred <u>08/1/2011</u> Last 4 digits of account number <u>3311</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,710.68</u> |
| | | | |
| 3.6 | Nonpriority creditor's name and mailing address CHANDRA P.O. Box 1102 Adairsville, GA 30103 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>SAND</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,400.00</u> |
| | | | |
| 3.7 | Nonpriority creditor's name and mailing address Charge It Pro 460 S. Fitness Pl. Eagle, ID 83616 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only / credit card processor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |

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| Debtor | Beds & Such, Inc. <small>Name</small> | Case number (if known) | 16-06344 |
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| 3.8 | Nonpriority creditor's name and mailing address Charles T. Brown 1505 Charleston Hwy. Ste. B11 West Columbia, SC 29169 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,500.00 |
| 3.9 | Nonpriority creditor's name and mailing address Chase Ink Cardmember Services PO Box 1423 Charlotte, NC 28201 Date(s) debt was incurred _____ Last 4 digits of account number <u>5685</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,582.18 |
| 3.10 | Nonpriority creditor's name and mailing address Circle K Fleet Wex Bank P.O. Box 6293 Carol Stream, IL 60197-6293 Date(s) debt was incurred <u>10/31/2016</u> Last 4 digits of account number <u>6910</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fuel purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,259.52 |
| 3.11 | Nonpriority creditor's name and mailing address CIT Group 11 West 42nd Street New York, NY 10036 Date(s) debt was incurred <u>8/31/16</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,818.15 |
| 3.12 | Nonpriority creditor's name and mailing address City of West Columbia PO Box 4044 West Columiba, SC 29171 Date(s) debt was incurred _____ Last 4 digits of account number <u>2401</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utility bills</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$146.76 |
| 3.13 | Nonpriority creditor's name and mailing address Clark's Termite & Pest Control PO Box 465 Irmo, SC 29063 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.14 | Nonpriority creditor's name and mailing address Complete Payment Recovery Services 3500 5th Street Northport, AL 35476 Date(s) debt was incurred _____ Last 4 digits of account number <u>8366</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Check Recovery for Walmart</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$698.18 |

Debtor **Beds & Such, Inc.** Case number (if known) **16-06344**

Name

| | | | |
|------|--|--|--------------------|
| 3.15 | Nonpriority creditor's name and mailing address Corliss & Don Barrett Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: warranty work owed, awaiting part from Best Home Furnishings Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.16 | Nonpriority creditor's name and mailing address Custom Cloud Solutions 5300 Sunset Blvd. A Lexington, SC 29072 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,755.26 |
| 3.17 | Nonpriority creditor's name and mailing address CVB, Inc. d/b/a Malouf c/o Trace Dillon, Esq. 2346 Wisteria Drive, Ste. 220 Snellville, GA 30078 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: judgment Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,719.95 |
| 3.18 | Nonpriority creditor's name and mailing address D & H Trucking Inc. 3801 CR 135 Millersburg, OH 44654 Date(s) debt was incurred ____ Last 4 digits of account number BEDS & SUCH | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,300.00 |
| 3.19 | Nonpriority creditor's name and mailing address Dana Hargett P.O. Box 2471 Mathews, NC 28106 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: loans for furniture bills Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$61,300.00 |
| 3.20 | Nonpriority creditor's name and mailing address Darby Hiott PO Box 2958 West Columbia, SC 29169 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: credit cards in personal name used for business cash flow Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,261.98 |
| 3.21 | Nonpriority creditor's name and mailing address DDR Corporation Columbiana Station II 3500 Piedmont Road, Ste. 730 Atlanta, GA 30305 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: notice only / broken lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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| 3.22 | Nonpriority creditor's name and mailing address Dispatch Track 4340 Stevens Creek Blvd., #245 San Jose, CA 95129 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|---|--|---------------|

| | | | |
|------|---|--|---------------|
| 3.23 | Nonpriority creditor's name and mailing address Eagle's Nest Properties, LLC 1251 North Lake Drive Lexington, SC 29072 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|---|--|---------------|

| | | | |
|------|---|--|---------------|
| 3.24 | Nonpriority creditor's name and mailing address Fifth Third Bank PO Box 63900 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|---|--|---------------|

| | | | |
|------|---|---|---------------|
| 3.25 | Nonpriority creditor's name and mailing address First Data 5565 Glenridge Connector, Ste. 2000 Atlanta, GA 30342 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only; credit card processor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|---|---|---------------|

| | | | |
|------|--|--|---------------|
| 3.26 | Nonpriority creditor's name and mailing address GE Money P.O. Box 6150 Rapid City, SD 57709 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|--|--|---------------|

| | | | |
|------|--|--|---------------|
| 3.27 | Nonpriority creditor's name and mailing address Gene Love Plumbing 1336 Methodist Park Road West Columbia, SC 29170 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|--|--|---------------|

| | | | |
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| 3.28 | Nonpriority creditor's name and mailing address Geneva Mitchell 303 Sugar Hill Lane Gaston, SC 29053 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only / customer received mattress but may want a "comfort exchange"</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| Debtor | Beds & Such, Inc. <small>Name</small> | Case number (if known) | 16-06344 |
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|------|---|--|--------------------|
| 3.29 | Nonpriority creditor's name and mailing address Georgetown One LLC PO Box 3986 West Columbia, SC 29171 Date(s) debt was incurred _____ Last 4 digits of account number <u>taRd</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>past due rent / broken lease 2265 Augusta Road</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,600.00 |
| | | | |
| 3.30 | Nonpriority creditor's name and mailing address Glenmont 14290 County Rd 75 Brinkhaven, OH 43006 Date(s) debt was incurred _____ Last 4 digits of account number <u>BEDS & SUCH</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Furniture Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$24,700.70 |
| | | | |
| 3.31 | Nonpriority creditor's name and mailing address GMM Insurance 115A Library Hill Lane Lexington, SC 29072 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| | | | |
| 3.32 | Nonpriority creditor's name and mailing address Golden Mattress Co. 1828 Meca Way Norcross, GA 30093 Date(s) debt was incurred _____ Last 4 digits of account number <u>7002</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,107.00 |
| | | | |
| 3.33 | Nonpriority creditor's name and mailing address Gregory Oswald 317 Woodmill Circle Lexington, SC 29073 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$27,600.00 |
| | | | |
| 3.34 | Nonpriority creditor's name and mailing address Hartford Insurance Company 8711 University East Drive Charlotte, NC 28213 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| | | | |
| 3.35 | Nonpriority creditor's name and mailing address Home Depot Services Dept 32-2139323160 PO Box 9001030 Louisville, KY 40290-1030 Date(s) debt was incurred _____ Last 4 digits of account number <u>3160</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,800.00 |

Debtor **Beds & Such, Inc.** Case number (if known) **16-06344**
Name

3.36 Nonpriority creditor's name and mailing address **Home Elegance by Titan Importer Co.** As of the petition filing date, the claim is: Check all that apply. **\$9,500.00**
6045 Boat Rock Blvd
Atlanta, GA 30336
Date(s) debt was incurred
Last 4 digits of account number **Beds & Such**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Furniture Vendor**
Is the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address **Homecraft Furniture, Inc.** As of the petition filing date, the claim is: Check all that apply. **\$6,304.00**
415 East Shore Road
Kings Point, NY 11024
Date(s) debt was incurred
Last 4 digits of account number **2563**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Merchandise**
Is the claim subject to offset? ☒ No ☐ Yes

3.38 Nonpriority creditor's name and mailing address **HS Backers** As of the petition filing date, the claim is: Check all that apply. **\$295.00**
3774 Grove Street, Suit F
Lemon Grove,, CA 91945
Date(s) debt was incurred
Last 4 digits of account number **1968**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **advertising vendor**
Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address **Hyacinth Walker** As of the petition filing date, the claim is: Check all that apply. **\$0.00**

Date(s) debt was incurred
Last 4 digits of account number
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **warranty work with Best Home Furnishings**
Is the claim subject to offset? ☒ No ☐ Yes

3.40 Nonpriority creditor's name and mailing address **JAB Distributors, LLC** As of the petition filing date, the claim is: Check all that apply. **\$1,085.00**
Protecta Bed
1500 South Wolf Rd
Wheeling, IL 60090
Date(s) debt was incurred
Last 4 digits of account number **0099**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Is the claim subject to offset? ☒ No ☐ Yes

3.41 Nonpriority creditor's name and mailing address **Kleen Kare** As of the petition filing date, the claim is: Check all that apply. **\$0.00**
2223 Augusta Road
West Columbia, SC 29169
Date(s) debt was incurred
Last 4 digits of account number
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **notice only**
Is the claim subject to offset? ☒ No ☐ Yes

3.42 Nonpriority creditor's name and mailing address **Lamar Advertising** As of the petition filing date, the claim is: Check all that apply. **\$2,600.00**
1221 Atlas Road
Columbia, SC 29209
Date(s) debt was incurred
Last 4 digits of account number
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Is the claim subject to offset? ☒ No ☐ Yes

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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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| 3.43 | Nonpriority creditor's name and mailing address Leather Italia 2118 Mercantile Dr. NE Leland, NC 28451 Date(s) debt was incurred _____ Last 4 digits of account number <u>8572</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.44 | Nonpriority creditor's name and mailing address Leggett & Platt L & P Financial Service Co. PO Box 538385 Atlanta, GA 30353 Date(s) debt was incurred _____ Last 4 digits of account number <u>4140</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Furniture Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$26,434.00 |
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| 3.45 | Nonpriority creditor's name and mailing address LMP Worldwide, Inc. 4936 Technical Drive Milford, MI 48381 Date(s) debt was incurred _____ Last 4 digits of account number <u>4233</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pillows</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,415.00 |
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| 3.46 | Nonpriority creditor's name and mailing address Lori Blum-Hiott PO Box 2958 West Columbia, SC 29169 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit cards in personal name used for business cash flow</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,107.05 |
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| 3.47 | Nonpriority creditor's name and mailing address LSQ Funding P.O. Box 404322 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number <u>8572</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,800.00 |
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| 3.48 | Nonpriority creditor's name and mailing address Mandy Lee 241 Founder Blvd Lexington, SC 29073 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>warranty work</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
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| 3.49 | Nonpriority creditor's name and mailing address Mega Group USA 3340 Players Club Pkwy, Ste. 120 Memphis, TN 38125 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| Debtor | Beds & Such, Inc. <small>Name</small> | Case number (if known) | 16-06344 |
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| 3.50 | Nonpriority creditor's name and mailing address Merchant Services PO Box 6010 Hagerstown, MD 21741 Date(s) debt was incurred ____ Last 4 digits of account number <u>4183</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Processor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1.00 |
| | | | |
| 3.51 | Nonpriority creditor's name and mailing address Monitronics Dept CH 8628 Palatine IL, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number <u>2351</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Alarm system contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$240.00 |
| | | | |
| 3.52 | Nonpriority creditor's name and mailing address Murrows Transfer PO Box 4095 High Point, NC 27263 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,400.00 |
| | | | |
| 3.53 | Nonpriority creditor's name and mailing address My Home Furnishings PO Box 751 Mount Airy, NC 27030 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| | | | |
| 3.54 | Nonpriority creditor's name and mailing address Natonwide PO box 10479 Des Moines, IN 50306 Date(s) debt was incurred ____ Last 4 digits of account number <u>6904</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$46.17 |
| | | | |
| 3.55 | Nonpriority creditor's name and mailing address New Vision Information Systemss 820 Starboard St Chula Vista, CA 91914 Date(s) debt was incurred ____ Last 4 digits of account number <u>0516</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Furniture Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,250.00 |
| | | | |
| 3.56 | Nonpriority creditor's name and mailing address Office Depot PO Box 68920 Des Moines, IA 50368-9020 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,170.50 |

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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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| 3.57 | Nonpriority creditor's name and mailing address Palmetto Citizens Federal Credit Union PO Box 5846 Columbia, SC 29250 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.58 | Nonpriority creditor's name and mailing address Paramount Industrial Companies 1112 Kingwood Ave. Norfolk, VA 23502 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,468.55 |
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| 3.59 | Nonpriority creditor's name and mailing address Pat Beatty 130 Cedar Lane Leesville, SC 29070 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.60 | Nonpriority creditor's name and mailing address Propac Images c/o Cisco Inc. PO Box 801088 Houston, TX 77280-1088 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,174.80 |
|------|---|---|-------------------|

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| 3.61 | Nonpriority creditor's name and mailing address Quill Corporation PO Box 37600 Philadelphia, PA 19101-0600 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,793.98 |
|------|--|---|-------------------|

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| 3.62 | Nonpriority creditor's name and mailing address Ramandeep Giujral 250 Cayden Court Chapin, SC 29036 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.63 | Nonpriority creditor's name and mailing address Raycom Media Inc., d/b/a WIS-TV c/o Amanda M. Scott PO Box 743 White Rock, SC 29177 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,083.33 |
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| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
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| 3.64 | Nonpriority creditor's name and mailing address Resource Services PO Box 724 West Columbia, SC 29171 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cayce Exterminating</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$272.60 |
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| 3.65 | Nonpriority creditor's name and mailing address Riztex USA 900 Marine Drive Calhoun, GA 30701 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,101.70 |
|------|--|---|-------------------|

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| 3.66 | Nonpriority creditor's name and mailing address Rogers Laban PO Box 124 Columbia, SC 29202 Date(s) debt was incurred ____ Last 4 digits of account number <u>0971</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,570.00 |
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| 3.67 | Nonpriority creditor's name and mailing address Sandra Miller 317 Woodmill Circle Lexington, SC 29073 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Personal Loans / Cards, IRA, retirement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$105,200.00 |
|------|--|--|---------------------|

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| 3.68 | Nonpriority creditor's name and mailing address Sandra Miller 317 Woodmill Circle Lexington, SC 29073 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit cards in personal name used for business cash flow</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$78,874.00 |
|------|--|--|--------------------|

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| 3.69 | Nonpriority creditor's name and mailing address SC Department of Consumer Affairs PO Box 5246 Columbia, SC 29250 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|---|--|---------------|

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| 3.70 | Nonpriority creditor's name and mailing address SCE&G PO Box 100255 Columbia, SC 29202 Date(s) debt was incurred ____ Last 4 digits of account number <u>5874</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.00 |
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| Debtor | <u>Beds & Such, Inc.</u> <small>Name</small> | Case number (if known) | <u>16-06344</u> |
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| 3.71 | Nonpriority creditor's name and mailing address SCE&G PO Box 100255 Columbia, SC 29202-3255 Date(s) debt was incurred <u>11/17/2016</u> Last 4 digits of account number <u>8914</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>final bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$436.42</u> |
|------|---|--|------------------------|

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| 3.72 | Nonpriority creditor's name and mailing address Shell Fleet Card PO Box 9001015 Louisville, KY 40290-1015 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>7003</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,650.00</u> |
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| 3.73 | Nonpriority creditor's name and mailing address Simply Amish PO Box 67 Arcola, IL 61910 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>S001</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Furniture Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$23,000.00</u> |
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| 3.74 | Nonpriority creditor's name and mailing address Sinclair Communications LLC d/b/a WACHTV c/o Joseph F. Davis, Esq. PO Drawer 730 Sumter, SC 29151 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$7,828.85</u> |
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| 3.75 | Nonpriority creditor's name and mailing address Solutions Consulting Group Roger LaPlante 5 Rodeo Drive West Creek, NJ 08092 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
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| 3.76 | Nonpriority creditor's name and mailing address South Carolina Dept. of Consumer Affairs 2221 Devine Street, Ste. 200 PO Box 5757 Columbia, SC 29250-5757 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
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| 3.77 | Nonpriority creditor's name and mailing address Southern Bedding 400 Calhoun Street Columbia, SC 29201 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,152.00</u> |
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Debtor **Beds & Such, Inc.** Case number (if known) **16-06344**

Name

3.78 Nonpriority creditor's name and mailing address **Spencer Hopkins**
272 Fox Squirrel Circle
Columbia, SC 29209
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **employee out on workers comp / notice only**
Is the claim subject to offset? ☒ No ☐ Yes

3.79 Nonpriority creditor's name and mailing address **Spring Air Mattress Corporation**
70 Everett Ave., Ste. 507
Chelsea, MA 02150
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$16,172.93**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.80 Nonpriority creditor's name and mailing address **Square, Inc.**
1455 Market Street, Ste. 600
San Francisco, CA 94103
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **notice only / credit card processor**
Is the claim subject to offset? ☒ No ☐ Yes

3.81 Nonpriority creditor's name and mailing address **Steve Silver Company**
PO Box 1709
Forney, TX 75126
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$20,547.04**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.82 Nonpriority creditor's name and mailing address **SunBelt Furniture Xpress Inc.**
3255 20th Ave. SE
Newton, NC 28658
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **notice only**
Is the claim subject to offset? ☒ No ☐ Yes

3.83 Nonpriority creditor's name and mailing address **Surya Carpet, Inc.**
1 Surya Drive
White, GA 30184
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$2,621.97**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.84 Nonpriority creditor's name and mailing address **Synchrony Bank**
954 Forrer Blvd.
Orlando, FL 32896-5033
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **notice only**
Is the claim subject to offset? ☒ No ☐ Yes

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Beds & Such, Inc. Name | Case number (if known) | 16-06344 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|--|---|---------------|
| 3.85 | Nonpriority creditor's name and mailing address Terence Smith 1455 Pine Steet West Columbia, SC 29172 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only / refunded pre-petition</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|--|---|---------------|

| | | | |
|------|--|--|-------------------|
| 3.86 | Nonpriority creditor's name and mailing address The Cambridge Company 502 Meeting St West Columbia, SC 29169 Date(s) debt was incurred ____ Last 4 digits of account number <u>8151</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Furniture Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,700.00 |
|------|--|--|-------------------|

| | | | |
|------|--|--|-------------------|
| 3.87 | Nonpriority creditor's name and mailing address The Graphic Source 2122 Platt Springs Rd Suite A West Columbia, SC 29169 Date(s) debt was incurred ____ Last 4 digits of account number <u>4661</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Printing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,210.82 |
|------|--|--|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.88 | Nonpriority creditor's name and mailing address The Hartford Company 8711 University East Drive Charlotte, NC 28213 Date(s) debt was incurred ____ Last 4 digits of account number <u>9328</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>commercial auto policy # 22UECNI7044 Workmans Comp Policy # 22WECCT9278</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,510.03 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.89 | Nonpriority creditor's name and mailing address The LAMAR Companies P.O. Box 96030 Baton Rouge, LA 70896 Date(s) debt was incurred <u>08/1/2016</u> Last 4 digits of account number <u>5886</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,060.00 |
|------|--|---|-------------------|

| | | | |
|------|---|---|--------------------|
| 3.90 | Nonpriority creditor's name and mailing address The State PO Box 1333 Columbia, SC 29202 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,013.35 |
|------|---|---|--------------------|

| | | | |
|------|---|---|-------------------|
| 3.91 | Nonpriority creditor's name and mailing address Time Warner Cable PO Box 70872 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number <u>various</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,094.43 |
|------|---|---|-------------------|

| | | | |
|--------|---|------------------------|------------------------|
| Debtor | <u>Beds & Such, Inc.</u> Name | Case number (if known) | <u>16-06344</u> |
|--------|---|------------------------|------------------------|

| | | | |
|-------|---|---|---------------------------|
| 3.92 | Nonpriority creditor's name and mailing address Time Warner Cable Media LLC PO Box 27908 New York, NY 10087 Date(s) debt was incurred _____ Last 4 digits of account number <u>8809</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising . Cable tv commercials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$24,767.25</u> |
| <hr/> | | | |
| 3.93 | Nonpriority creditor's name and mailing address Travelers Insurance PO Box 660317 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |
| <hr/> | | | |
| 3.94 | Nonpriority creditor's name and mailing address Trojan Labor Hire Quest, LLC P.O. Box 890714 Charlotte, NC 28289-0714 Date(s) debt was incurred <u>06/30/2016</u> Last 4 digits of account number <u>9293</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>General Labor Invoice 786030</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,920.74</u> |
| <hr/> | | | |
| 3.95 | Nonpriority creditor's name and mailing address Troutman Chair Co. P.O. Box 208 Troutman, NC 28166 Date(s) debt was incurred _____ Last 4 digits of account number <u>2827</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise - Rockers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$773.35</u> |
| <hr/> | | | |
| 3.96 | Nonpriority creditor's name and mailing address ULINE P.O. Box 4155ox88741 Chicago, IL 60680-1741 Date(s) debt was incurred <u>09/8/2016</u> Last 4 digits of account number <u>8003</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$825.04</u> |
| <hr/> | | | |
| 3.97 | Nonpriority creditor's name and mailing address UPS P.O. Box 30549 Charleston, SC 29417-0549 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>shipping</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,251.20</u> |
| <hr/> | | | |
| 3.98 | Nonpriority creditor's name and mailing address USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, TX 78288 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$13,000.00</u> |

| | | | |
|--------|---|------------------------|-----------------|
| Debtor | Beds & Such, Inc. <small>Name</small> | Case number (if known) | 16-06344 |
|--------|---|------------------------|-----------------|

| | | | |
|-------|---|---|-------------------|
| 3.99 | Nonpriority creditor's name and mailing address Victor Paul Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only; awaiting wooden plugs for hardware holes from Leggett & Platt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.100 | Nonpriority creditor's name and mailing address Wells Fargo Bank PO Box 6995 Portland, OR 97228-6995 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.101 | Nonpriority creditor's name and mailing address Wells Fargo Retail Services MACX2599-027 800 Walnut Street Des Moines, IA 50309 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.102 | Nonpriority creditor's name and mailing address Wesley Allen 1001 East 60th Street Los Angeles, CA 90001 Date(s) debt was incurred <u>07/14/2016</u> Last 4 digits of account number <u>7181</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise Invoice 135966, 8/22/2016</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,589.00 |
| 3.103 | Nonpriority creditor's name and mailing address WLTX-TV 6027 Garners Ferry Rd Columbia, SC 29209 Date(s) debt was incurred ____ Last 4 digits of account number <u>3152</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,209.47 |
| 3.104 | Nonpriority creditor's name and mailing address WOLO Television 5807 Shakespeare Road Columbia, SC 29223 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,610.00 |
| 3.105 | Nonpriority creditor's name and mailing address Yosemite Home Decor 4250 W Shaw Ave Fresno, CA 93722 Date(s) debt was incurred ____ Last 4 digits of account number <u>2593</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Furniture Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,518.20 |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Beds & Such, Inc.**
Name

Case number (if known) **16-06344**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|------|---|---|---|
| 4.1 | Attorney General of the United States Civil Division, Bankruptcy Section US Department of Justice Washington, DC 20530 | Line <u>2.60</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | B. Lindsay Crawford, III Crawford & Von Keller PO Box 4216 Columbia, SC 29240 | Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Brooks Furniture Mfg., Inc. PO Box 199 Tazewell, TN 37879 | Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.4 | Cynthia Lover, PA PO Box 6774 Myrtle Beach, SC 29572 | Line <u>3.83</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.5 | Don A. Leviton 3 Golf Center, Ste. 361 Hoffman Estates, IL 60169 | Line <u>3.81</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.6 | Everett B. Saslow, Jr. PO Box 989 Greensboro, NC 27402 | Line <u>3.79</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.7 | iOor Company 4836 Brecksville Road Richfield, OH 44286 | Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.8 | J. Douglas Barnett Assistant US Attorney 1441 Main Street, Ste 500 Columbia, SC 29201 | Line <u>2.60</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.9 | Jack R. Creel & Assoc. PO Box 801083 Houston, TX 77280-1083 | Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.10 | Parnell & Crum PA PO Box 2189 Montgomery, AL 36102 | Line <u>3.58</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.11 | Payment Processing Partners, Inc. 460 Fitness Plz Eagle, ID 83616 | Line <u>3.25</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.12 | Raycom Media RSA Tower, 20th Floor 201 Monroe Street Montgomery, AL 36104 | Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain _____ | — |

| Debtor | <i>Beds & Such, Inc.</i> | Case number (if known) | <i>16-06344</i> |
|--------|---|--|---|
| | Name | | |
| | Name and mailing address | On which line in Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
| 4.13 | <i>SC Workers' Comp. Commission PO Box 1715 Columbia, SC 29202</i> | Line <u>3.78</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.14 | <i>Scott M. Wild PO Box 6867 Hilton Head Island, SC 29938</i> | Line <u>3.90</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.15 | <i>Sinclair Broadcast Group, Inc. 10706 Beaver Dam Road Cockeysville, MD 21030</i> | Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.16 | <i>Synchrony Bank PO Box 965033 Orlando, FL 32896-5033</i> | Line <u>3.84</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.17 | <i>Szabo Associates, Inc. 3355 Lenox Road, NE Ste. 945 Atlanta, GA 30326</i> | Line <u>3.92</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.18 | <i>Szabo Associates, Inc. 3355 Lenox Road, NE Ste. 945 Atlanta, GA 30326</i> | Line <u>3.104</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.19 | <i>Verngroff Williams, Inc. PO Box 4155 Sarasota, FL 34230-4155</i> | Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|-------------------------------|
| 5a. | \$ <u>364,525.52</u> |
| 5b. + | \$ <u>679,062.13</u> |
| 5c. | \$ <u>1,043,587.65</u> |

Fill in this information to identify the case:

Debtor name **Beds & Such, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) **16-06344**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **month to month contract on warehouse**

State the term remaining

List the contract number of any government contract

**Charlie Brown
1505 Charleston Hwy. Ste B11
West Columbia, SC 29169**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Cloud based accounting**

State the term remaining **through February 2017**

List the contract number of any government contract

**Custom Cloud Solutions
5300 Sunset Blvd. A
Lexington, SC 29072**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease for Harbison store**

State the term remaining

List the contract number of any government contract

**DDR Corporation
PO Box 534410
Atlanta, GA 30353**

2.4. State what the contract or lease is for and the nature of the debtor's interest **delivery routing & tracking software**

State the term remaining

List the contract number of any government contract

**Dispatch Track
4340 Stevens Creek Blvd., #245
San Jose, CA 95129**

Debtor 1 **Beds & Such, Inc.**Case number (if known) **16-06344**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Lease for 105 Saluda
Pointe Court,
Lexington, SC through
10/31/2020**

State the term remaining

List the contract number of any government contract

**Eagle's Nest Properties, LLC
1251 North Lake Drive
Lexington, SC 29072**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Lease for store space
at 2265 Augusta Road,
West Columbia through
7/31/17**

State the term remaining

List the contract number of any government contract

**Georgetown One, LLC
P.O. Box 3986
West Columbia, SC 29171**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**alarm system contract
for stores and
warehouse**

State the term remaining

List the contract number of any government contract

**Monitronics
Dept CH 8628
Palatine IL, IL 60055**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Furniture inventory
management software
support**

State the term remaining

List the contract number of any government contract

**New Vision Information Systemss
820 Starboard St
Chula Vista, CA 91914**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**contract for cloud
phone system**

State the term remaining

List the contract number of any government contract

**Ring Central
20 Davis Drive
Belmont, CA 94002**

2.10. State what the contract or lease is for and the nature of the debtor's interest

**Cell phone service
contract**

State the term remaining

List the contract number of any government contract

**Sprint
PO Box 4191
Carol Stream, IL 60197-4191**

Debtor 1 **Beds & Such, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **16-06344**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

Service contract;

State the term remaining

List the contract number of any government contract

**Time Warner Cable
PO Box 70872
Charlotte, NC 28272**

Fill in this information to identify the case:

Debtor name **Beds & Such, Inc.**
 United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA
 Case number (if known) **16-06344**

☐ Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- | | | | | |
|-------|----------------------|--|--|--|
| 2.1 | Darby Hiott | PO Box 2958 West Columbia, SC 29169 | Capital One | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.2 | Darby Hiott | PO Box 2958 West Columbia, SC 29169 | CVB, Inc. d/b/a Malouf | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.3 | Darby Hiott | PO Box 2958 West Columbia, SC 29169 | Leggett & Platt | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.44</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.4 | Sandra Miller | 317 Woodmill Circle Lexington, SC 29073 | Chase Ink Cardmember Services | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____ |

United States Bankruptcy Court
District of South Carolina

In re Beds & Such, Inc.

Debtor(s)

Case No. 16-06344
Chapter 7

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ 0.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ 0.00

4. Payroll Taxes 0.00

5. Unemployment Taxes 0.00

6. Worker's Compensation 0.00

7. Other Taxes 0.00

8. Inventory Purchases (Including raw materials) 0.00

9. Purchase of Feed/Fertilizer/Seed/Spray 0.00

10. Rent (Other than debtor's principal residence) 0.00

11. Utilities 0.00

12. Office Expenses and Supplies 0.00

13. Repairs and Maintenance 0.00

14. Vehicle Expenses 0.00

15. Travel and Entertainment 0.00

16. Equipment Rental and Leases 0.00

17. Legal/Accounting/Other Professional Fees 0.00

18. Insurance 0.00

19. Employee Benefits (e.g., pension, medical, etc.) 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

22. Total Monthly Expenses (Add items 3-21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 0.00

Fill in this information to identify the case:

Debtor name Beds & Such, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) 16-06344

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business
**Debtor Uncertain -
Records in Trustee's
Possession**

Gross revenue
(before deductions and
exclusions)

Unknown

For prior year:
From 1/01/2015 to 12/31/2015

☒ Operating a business
☐ Other

\$1,943,455.00

For year before that:
From 1/01/2014 to 12/31/2014

☒ Operating a business
☐ Other

\$1,952,791.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

**Gross revenue from
each source**
(before deductions and
exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Beds & Such, Inc.**Case number (if known) **16-06344**

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer Check all that apply |
|-------------------------------------|-------|---|--|
| 3.1. In Trustee's Possession | | unknown, records are in Trustee's possession | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|---|---------------------------------|
| 4.1. Debtor is uncertain, records in Trustee's Possession | | unknown, records are in Trustee's possession | |

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|--|-------------------------|---|---|
| 7.1. CIT Group / Commercial Services, Inc. vs. Beds and Such, Inc. 2016 CP 40 03960 | Debt Collections | Richland County Court of Common Pleas | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| 7.2. Brooks Furniture Mfg. Inc. vs Beds & Such, Inc. 2016-CP-32-02174 | Collections | Lexington County Court of Common Pleas | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| 7.3. CVB, Inc. vs. Beds & Such, Inc. and Darby Hiott 2016-CP-32-03516 | Collections | Lexington County Court of Common Pleas | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |

Debtor **Beds & Such, Inc.**

Case number (if known) **16-06344**

| | Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|------|--|--------------------|---|---|
| 7.4. | Raycom Media, Inc. d/b/a WIS-TV vs. Beds & Such, a corporation 2016-CP-32-00642 | Collections | Lexington County Court of Common Pleas | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| 7.5. | Sinclair Communications, LLC d/b/a WACH-TV vs. Beds & Such, Inc. 2016-CP-32-00287 | Collections | Lexington County Court of Common Pleas | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small> | Dates of loss | Value of property lost |
|--|--|---------------|------------------------|
|--|--|---------------|------------------------|

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|--|---|----------------|-----------------------|
| 11.1. Moore Taylor Law Firm, PA PO Box 5709 1700 Sunset Boulevard West Columbia, SC 29171 | Attorney Fees in the amount of \$4,000 plus \$335 filing fee and \$19 to the SCSOS for pulling UCC | 12/2016 | \$4,354.00 |
| Email or website address | | | |
| Who made the payment, if not debtor? | | | |

Debtor **Beds & Such, Inc.**

Case number (if known) **16-06344**

| | Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|-------|--|---|--------------|-----------------------|
| 11.2. | Moore Taylor Law Firm, PA PO Box 5709 1700 Sunset Boulevard West Columbia, SC 29171 | Attorney Fees for prior consultation | 12/16 | \$38.50 |
| | Email or website address | | | |
| | Who made the payment, if not debtor? | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

| Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| Address | Dates of occupancy From-To |
|---------|-------------------------------|
|---------|-------------------------------|

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Debtor **Beds & Such, Inc.**Case number (if known) **16-06344****name, address, social security number, drivers license numbers.**

Does the debtor have a privacy policy about that information?

☒ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?
Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|--|---|---|
| 18.1. Palmetto Citizens | XXXX-6237 | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___ | within the last year, Debtor unsure exact date. Closed by bank for negative balance. | \$0.00 |
| 18.2. Bank of America | XXXX-7286 | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___ | Debtor believes this was closed in November or December 2016 by bank for negative balance. | \$0.00 |
| 18.3. Bank of America | XXXX-6851 | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___ | Debtor believes account was closed by bank in November or December 2016 for negative balance | \$0.00 |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|---|-----------------------------|-----------------------|
|---|---|-----------------------------|-----------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Beds & Such, Inc.**

Case number (if known) **16-06344**

☐ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|--|---|-----------------------------|--|
| Debtor's off site warehouse 2122 Platt Springs Road, Ste. B West Columbia, SC 29169 | Debtor and Andy Markl who owns Graphics Source in front of the warehouse. He rents 2 rooms from the landlord | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

| Owner's name and address | Location of the property | Describe the property | Value |
|----------------------------------|---------------------------------|---|----------------|
| Various customers | Debtor's warehouse | Debtor is holding various items paid for by customers which have not been picked up or delivered. Debtor is uncertain the details because Trustee is in possession of the books. Most items are tagged in warehouse | Unknown |
| Owner's name and address | Location of the property | Describe the property | Value |
| Darby & Lori Hiott | Warehouse | (2) Keurig coffee makers, birdcage, Barbie jeep, kid's upholstered chairs, kid games, power tools and hand truck, child's Rapunzel coffee cup, and misc. personal items and personal files | Unknown |
| Owner's name and address | Location of the property | Describe the property | Value |
| John & Tracee Johnson | Warehouse | used king sized mattress Debtor was holding for owners children to pick up after they delivered a new mattress to the Johnson's. Debtor agreed to bring back the old mattress and hold it for the owner's children to pick up as a courtesy. | Unknown |
| Owner's name and address | Location of the property | Describe the property | Value |
| Andy Markl | Warehouse | Andy Markl rents a conference room and photography room in the warehouse area | Unknown |
| Owner's name and address | Location of the property | Describe the property | Value |
| George Hollingsworth | Storefront | chandeliers hanging in store along with some boxed and hanging chandeliers | Unknown |

Debtor **Beds & Such, Inc.**Case number (if known) **16-06344**

| Owner's name and address | Location of the property | Describe the property | Value |
|--|---------------------------------|---|----------------|
| Pat Loper 13 Jimmy Love Lane Columbia, SC 29212 | Warehouse | property tagged in warehouse for delivery. | Unknown |
| Owner's name and address | Location of the property | Describe the property | Value |
| Peggy Dantzler 521 Naples Ave. Cayce, SC 29033 | Warehouse | Simply Amish bedroom set tagged in warehouse | Unknown |
| Owner's name and address | Location of the property | Describe the property | Value |
| Shawn Fuller | Warehouse | Simply Amish bedroom set tagged in warehouse | Unknown |
| Owner's name and address | Location of the property | Describe the property | Value |
| Pat Beatty | Warehouse | potentially a nightstand tagged | Unknown |

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

| Case title Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|----------------------------------|--------------------|----------------|
|---------------------------|----------------------------------|--------------------|----------------|

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
|-----------------------|------------------------------------|-----------------------------|----------------|

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
|-----------------------|------------------------------------|-----------------------------|----------------|

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Debtor **Beds & Such, Inc.**

Case number (if known) **16-06344**

| Business name address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|--|--|---|
| 25.1. Bed & Such Warehouse aka RDC 2122 Platt Springs Rd., Ste. B West Columbia, SC 29169 | customer pickups, vendor freight deliveries | Dates business existed EIN: From-To August 1, 2016 - December 15, 2016 |
| 25.2. Beds & Such Final Markdown 1720 Bower Pkwy Columbia, SC 29212 | Harbison store with DDR properties. Sales and some customer pickups | EIN: 81-3657113 From-To August 16, 2016 - December 15, 2016 |
| 25.3. Streetwize Media 2122 Platt Springs Road, Ste. B. West Columbia, SC 29169 | sign walkers for ad campaign for Baldacci Promotions retirement sale | EIN: 81-4586573 From-To August 16, 2016 - December 15, 2016 |
| 25.4. Hiott Enterprisee 2122 Platt Springs Road., Ste. B West Columbia, SC 29169 | formed to operate Streetwize Media and Beds & Such Final Markdown | EIN: 81-2029017 From-To March 30, 2016 to December 15, 2016 |

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

| Name and address | Date of service From-To |
|--|--------------------------------------|
| 26a.1. Rogers Laban PO Box 124 Columbia, SC 29202 | August 2011 to date of filing |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

| Name and address | Date of service From-To |
|--|----------------------------|
| 26b.1. Rogers Laban PO Box 124 Columbia, SC 29202 | |

| Name and address | Date of service From-To |
|--------------------------------------|----------------------------|
| 26b.2. Hartford Workers Comp. | |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

| Name and address | If any books of account and records are unavailable, explain why |
|--|--|
| 26c.1. Rogers Laban PO Box 124 Columbia, SC 29202 | |

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

Debtor **Beds & Such, Inc.**Case number (if known) **16-06344**

statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

| Name | Address | Position and nature of any interest | % of interest, if any |
|------------------------|--|-------------------------------------|-----------------------|
| Darby Hiott | 101 Winterberry Dr Lexington, SC 29072 | President | 40% |
| Lori Blum-Hiott | 101 Winterberry Dr Lexington, SC 29072 | Vice President | 40% |
| Sandra Miller | 317 Woodmill Circle Lexington, SC 29073 | Secretary-Treasurer | 20% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No
☒ Yes. Identify below.

| | Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|------|--|---|-------|--------------------------------|
| 30.1 | Darby Hiott PO Box 2958 West Columbia, SC 29169 | uncertain - Trustee is in possession of records and books for 2016 have not been completed | | |
| | Relationship to debtor owner | | | |
| 30.2 | Lori Blum-Hiott PO Box 2958 West Columbia, SC 29169 | uncertain - Trustee is in possession of records and books for 2016 have not been completed | | |
| | Relationship to debtor owner | | | |

Debtor **Beds & Such, Inc.**

Case number (if known) **16-06344**

| | Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|------|--|---|-------|--------------------------------|
| 30.3 | Sandra Miller 317 Woodmill Circle Lexington, SC 29073 | uncertain - Trustee is in possession of records and books for 2016 have not been completed | | |
| | Relationship to debtor owner | | | |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 4, 2017**

/s/ Darby Hiott

Signature of individual signing on behalf of the debtor

Darby Hiott

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes